FORM NLRB-501 (3-21)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case 05-CA-298354	Date Filed 06/24/2022		

#### INSTRUCTIONS:

File an original with NLRB Regional Director for the region in		ig.	
	OYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer		b. Tel. No.	
Rivian		(b) (6), (b) (7)(C)	
		c. Cell No.	
		f. Fax. No.	
	Le constant	_	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-mail	
2289 Dabney Rd		g. G-mail	
VA Richmond 23220		h. Number of workers employed	
		50	
i. Type of Establishment (factory, mine, wholesaler, etc.)	i Identify principal product or service		
Auto & Truck Manufacturers	Electric Vehicles		
		0(-)	
	ging in unfair labor practices within the meaning of section		
(list subsections) 3,1		telations Act, and these unfair labor	
	aning of the Act, or these unfair labor practices are practic	es arrecting commerce within the	
meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair labor prac	ctices)	
See additional page			
(b) (6), (b) (7)(C)	rive full name, including local name and number)		
4a. Address (Street and number, city, state, and ZIP cod	e)	4b. Tel. No.	
		(b) (6), (b) (7)(C)	
(b) (c) (b) (7)(c)		4c. Cell No.	
(b) (6), (b) (7)(C)			
		4d. Fax No.	
		4e. e-mail	
		(b) (6), (b) (7)(C)	
5. Full name of national or international labor organizatio	n of which it is an affiliate or constituent unit /to be filled in w		
3.1 dii fidine of fiduoriarof international labor organizatio	mor which it is an animate of constituent and to be tilled in w	Then charge is filed by a labor organization,	
6. DECL	ARATION	Tel. No.	
	ove charge and that the statements	(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) are true to the best of n	ny knowledge and belief.	Office if any Call No	
	(b) (6), (b) (7)(C)	Office, if any, Cell No.	
	(**) (**) (**) (**)	Forth	
(signature of representative or person making charge) (Print/type name and title or office, if any)		Fax No.	
(b) (6), (b) (7)(C)			
Address	Date 06/24/2022 12:22:31 PM	e-mail	
, idei ood	- Duto	(b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### **Basis of the Charge**

#### 8(a)(3)

Within the previous six months, the Employer discharged an employee(s) because the employee(s) joined or supported a labor organization and in order to discourage union activities and/or membership.

Name of employee discharged	Approximate date of discharge
(b) (6), (b) (7)(C)	®®®7/2022

#### 8(a)(1)

Within the previous six months, the Employer discharged an employee(s) because the employee(s) engaged in protected concerted activities by, inter alia, discussing wages and/or other terms and conditions of employment and in order to discourage employees from engaging in protected concerted activities.

Name of employee discharged	Approximate date of discharge
(b) (6), (b) (7)(C)	<sup>向(6, 向)7</sup> /2022

#### 8(a)(1)

Within the previous six months, the Employer discharged an employee(s) because the employee(s) engaged in protected concerted activities by, inter alia, protesting terms and conditions of employment and in order to discourage employees from engaging in protected concerted activities.

Name of employee discharged	Approximate date of discharge
(b) (6), (b) (7)(C)	<sup>[0](0](0](0</sup> /2022

#### 8(a)(1)

Within the previous six months, the Employer disciplined or retaliated against an employee(s) because the employee(s) engaged in protected concerted activities by, inter alia, protesting terms and conditions of employment and in order to discourage employees from engaging in protected concerted activities.

Name of employee disciplined/retaliated against	Type of discipline/retaliation	Approximate date of discipline/retaliation
(b) (6), (b) (7)(C)	Threatened unemployment	<sup>©)(©,(©)7</sup> /2022



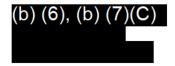
## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

REGION 5 BANK OF AMERICA CENTER, TOWER II 100 S. CHARLES STREET, STE 600 BALTIMORE, MD 21201

Agency Website: www.nlrb.gov Telephone: (410)962-2822 Fax: (410)962-2198

Download NLRB Mobile App

June 28, 2022



Re: Rivian

Case 05-CA-298354

Dear (b) (6), (b) (7)(C)

The charge that you filed in this case on June 24, 2022 has been docketed as case number 05-CA-298354. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner BISI DEAN whose telephone number is (410)962-0179. If this Board agent is not available, you may contact Supervisory Field Examiner DAVID A. COLANGELO whose telephone number is (410)962-0180.

<u>Right to Representation</u>: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, <u>www.nlrb.gov</u>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to

take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence</u>: All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

SEAN R. MARSHALL

Au R. Will

Regional Director



## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



REGION 5 BANK OF AMERICA CENTER, TOWER II 100 S. CHARLES STREET, STE 600 BALTIMORE, MD 21201

Agency Website: www.nlrb.gov Telephone: (410)962-2822 Fax: (410)962-2198 Download NLRB Mobile App

June 28, 2022

Rivian 2289 Dabney Rd. Richmond, VA 23220

Re: Rivian

Case 05-CA-298354

Dear Sir or Madam:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner Bisi Dean whose telephone number is (410)962-0179. If this Board agent is not available, you may contact Supervisory Field Examiner David A. Colangelo whose telephone number is (410)962-0180.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor requests to limit our use of position statements or evidence. Specifically, any material you submit may be introduced as evidence at a hearing before an administrative law judge regardless of claims of confidentiality. However, certain evidence produced at a hearing may be protected from public disclosure by demonstrated claims of confidentiality.

Further, the Freedom of Information Act may require that we disclose position statements or evidence in closed cases upon request, unless an exemption applies, such as those protecting confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Correspondence:</u> All documents submitted to the Region regarding your case MUST be filed through the Agency's website, <u>www.nlrb.gov</u>. This includes all formal pleadings, briefs, as well as affidavits, documentary evidence, and position statements. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format).

If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge. If you cannot e-file your documents, you must provide a statement explaining why you do not have access to the means for filing electronically or why filing electronically would impose an undue burden.

In addition, this Region will be issuing case-related correspondence and documents, including complaints, compliance specifications, dismissal letters, deferral letters, and withdrawal letters, electronically to the email address you provide. Please ensure that you receive important case-related correspondence, please ensure that the Board Agent assigned to your case has your preferred email address. These steps will ensure that you receive correspondence faster and at a significantly lower cost to the taxpayer. If there is some reason you are unable to receive correspondence via email, please contact the agent assigned to your case to discuss the circumstances that prevent you from using email.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Au R. mill

Sean R. Marshall Regional Director

#### **Enclosures:**

- 1. Copy of Charge
- 2. Commerce Questionnaire

FORM NLRB-5081 NATIONAL LABOR RELATIONS BOARD						
(3-11)						
QUESTIONNAIRE ON COMMERCE INFORMATION						
Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.  CASE NAME  CASE NUMBER						
					A-298354	
1. EXACT LEGAL TITLE OF ENTITY (As filed w	1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)					
,			<u> </u>			
2. TYPE OF ENTITY						
[] CORPORATION [] LLC [] LLP []	PARTNERSHIP [] SOLE	PROPRIETOR	SHIP [] OTHER	(Spec	rify)	
3. IF A CORPORATION or LLC	.,			•		
A. STATE OF INCORPORATION	B. NAME, ADDRESS, AND	RELATIONSHI	P (e.g. parent, subsidia	ıry) Ol	F ALL RELATED	ENTITIES
OR FORMATION						
4. IF AN LLC OR ANY TYPE OF PARTNERSHIP	P, FULL NAME AND ADDRES	SS OF ALL MI	EMBERS OR PARTN	VERS		
	,					
5 IF A COLE PROPRIETOROUGH FULL NAME	AND ADDRESS OF BRODRING	ETOD				
5. IF A SOLE PROPRIETORSHIP, FULL NAME	AND ADDRESS OF PROPER	LIOK				
C DDIEFI V DESCRIPE THE NATION OF VOIL	DODEDATIONS (D l l					
6. BRIEFLY DESCRIBE THE NATURE OF YOU	R OPERATIONS (Products nat	natea or manuja	cturea, or nature of se	rvices	регјогтеа).	
7A. PRINCIPAL LOCATION:	7B. BRANCE	H LOCATIONS	S:			
8. NUMBER OF PEOPLE PRESENTLY EMPLOY	/ED					
A. TOTAL:	B. AT THE ADDRESS INVO	LVED IN THIS	MATTER:			
				VEA	R (FV DATES	,
9. DURING THE MOST RECENT (Check the appropriate box): [ ] CALENDAR [ ] 12 MONTHS or [ ] FISCAL YEAR (FY DATES)						
, , , , , , , , , , , , , , , , , , , ,					YES	NO
A. Did you provide services valued in excess of \$50,0						NO
A. Did you provide services valued in excess of \$50,0	00 directly to customers outside	your State? If n	o, indicate actual value	h.		NO
A. Did you provide services valued in excess of \$50,0  \$	00 directly to customers outside valued in excess of \$50,000 to c	your State? If n	o, indicate actual value	h.		NO
A. Did you provide services valued in excess of \$50,0     \$	00 directly to customers outside valued in excess of \$50,000 to c side your State? If no, indicate t	your State? If n customers in you he value of any	o, indicate actual value r State who purchased such services you	h.		NO
Did you provide services valued in excess of \$50,0     S      B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$      C. If you answered no to 9A and 9B, did you provide:	00 directly to customers outside valued in excess of \$50,000 to c side your State? If no, indicate the services valued in excess of \$50,000 to c services va	your State? If n customers in you he value of any	o, indicate actual value r State who purchased such services you llities, transit systems,	9.		NO
Did you provide services valued in excess of \$50,0     S      B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$      C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting st	00 directly to customers outside valued in excess of \$50,000 to c side your State? If no, indicate the services valued in excess of \$50,000 to c services va	your State? If n customers in you he value of any	o, indicate actual value r State who purchased such services you llities, transit systems,	9.		NO
Did you provide services valued in excess of \$50,0     S      B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$      C. If you answered no to 9A and 9B, did you provide:	00 directly to customers outside yearlied in excess of \$50,000 to coside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, editions.	your State? If n customers in you he value of any 000 to public ut ucational institu	o, indicate actual value or State who purchased such services you dities, transit systems, tions, or retail concerns	s. s?		NO
A. Did you provide services valued in excess of \$50,0  \$	on directly to customers outside yearlies valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50, ations, commercial buildings, eductly to customers located outside	your State? If n customers in you he value of any 000 to public ut ucational institu	o, indicate actual value or State who purchased such services you filities, transit systems, tions, or retail concerns ess than \$50,000, indic	s?		NO
A. Did you provide services valued in excess of \$50,0 \$	on directly to customers outside yearlies valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat	o, indicate actual value or State who purchased such services you ditties, transit systems, tions, or retail concerns ess than \$50,000, indice	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$	on directly to customers outside yearlies valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat	o, indicate actual value or State who purchased such services you ditties, transit systems, tions, or retail concerns ess than \$50,000, indice	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide mewspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  \$ F. Did you purchase and receive goods valued in excess.	on directly to customers outside your state? If no, indicate the services valued in excess of \$50,000 to continuous services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to from directly outside your State?	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5	o, indicate actual value or State who purchased such services you dities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State who,000, indicate amount	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide mewspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 from directly out provides.  F. Did you purchase and receive goods valued in excess indicate amount. \$	on directly to customers outside your state? If no, indicate the services valued in excess of \$50,000 to control of the services valued in excess of \$50, ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to from directly outside your State?	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State?	o, indicate actual value or State who purchased such services you dities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State who,000, indicate amount If less than \$50,000,	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide mewspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  \$ F. Did you purchase and receive goods valued in excess.	outside your state? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50, ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to from directly outside your State? The ess of \$50,000 from directly outside sess of \$50,000 from enterprises were sess of \$50,000 from enterprises were subjected to the excess of \$50,000 from ente	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State?	o, indicate actual value or State who purchased such services you ditties, transit systems, tions, or retail concerns ess than \$50,000, indicate dinside your State who,000, indicate amount of the system of the sy	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  \$ Did you purchase and receive goods valued in exceindicate amount. \$ G. Did you purchase and receive goods valued in excepoints outside your State? If less than \$50,000, in the Gross Revenues from all sales or performance of	outline of \$50,000 to consider your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 attentions, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State? Less of \$50,000 from directly outside services of \$50,000 from enterprises we dicate amount.	your State? If n ustomers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the	o, indicate actual value or State who purchased such services you lilities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State who,000, indicate amount If less than \$50,000,	s? ate		NO
A. Did you provide services valued in excess of \$50,0  \$	outside valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no excess of \$50,000 directly to from directly outside your State? The services of \$50,000 from enterprises where your state? The services (Check the largest amount \$1,000,000 or more If less the state of \$1,000,000 or more	your State? If n ustomers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the	o, indicate actual value or State who purchased such services you lilities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State who,000, indicate amount If less than \$50,000,	s? ate		NO
A. Did you provide services valued in excess of \$50,0 \$	outside your state? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State?  ess of \$50,000 from directly outside sess of \$50,000 from enterprises we dicate amount. \$  services (Check the largest amount \$  services (Check the largest amount \$  services (Check the largest amount \$  services (Theck the large	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the unt) han \$100,000, in	o, indicate actual value or State who purchased such services you lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.	ate	YES	
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide newspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  \$ F. Did you purchase and receive goods valued in excess indicate amount. \$ G. Did you purchase and receive goods valued in excepoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000 [ I. Did you begin operations within the last 12 more than the services of the provided in the services of the provided in the services of the provided in the provi	outline of \$50,000 to consider your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to from directly outside your State?  The excess of \$50,000 from directly outside your State?  The excess of \$50,000 from enterprises we dicate amount. \$\sum_{\text{services}} (Check the largest amount) \$\frac{1}{2} \text{services} (Check the largest amount) \$\frac{1}{2} \text{services} (Types, specify date: \$\sum_{\text{services}} (Types, specify date: \$\sum_{\text{services}} (TYPEN EMPLOYER GIVER) \$\text{or OTHER EMPLOYER GIVER} \$\text{or OTHER EMPLOYER} \$or OTHER EMPLOYE	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the unt) han \$100,000, in	o, indicate actual value or State who purchased such services you lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.	ate	YES	
A. Did you provide services valued in excess of \$50,0  \$ B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$ C. If you answered no to 9A and 9B, did you provide services newspapers, health care institutions, broadcasting states than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 dire amount. \$ E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  \$ F. Did you purchase and receive goods valued in excess indicate amount. \$ G. Did you purchase and receive goods valued in excepoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000 [  I. Did you begin operations within the last 12 more than the service of the	outline of \$50,000 to consider your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State?  ess of \$50,000 from directly outside sets of \$50,000 from enterprises where the services (Check the largest amount \$100,000,000 or more if less that \$100,000,000 or more if less that \$100,000 or mo	your State? If no sustomers in you he value of any 1000 to public ut ucational institution your State? If less than \$5 side your State? who received the 1000,000, in 1000,000	o, indicate actual value or State who purchased such services you dities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.	ate	YES	
A. Did you provide services valued in excess of \$50,0 \$  B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$  C. If you answered no to 9A and 9B, did you provide services newspapers, health care institutions, broadcasting startless than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dire amount. \$  E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  F. Did you purchase and receive goods valued in excess indicate amount. \$  G. Did you purchase and receive goods valued in excepoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000 []  I. Did you begin operations within the last 12 more 10. ARE YOU A MEMBER OF AN ASSOCIATION [] YES [] NO (If yes, name and address of 11. REPRESENTATIVE BEST QUALIFIED TO GI	outline valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50, ations, commercial buildings, eductly to customers located outside the excess of \$50,000 directly to from directly outside your State? Less of \$50,000 from directly outside sess of \$50,000 from directly outside earnount. \$\frac{1}{2}\$ services (Check the largest amount) \$\frac{1}{2}\$ services (Check the largest amount) \$\frac{1}{2}\$ services (Check the largest amount) \$\frac{1}{2}\$ services (The excess of \$1,000,000 or more if less that \$1,000,000 or more i	your State? If no customers in you he value of any 1000 to public ut ucational institution your State? If less than \$5 side your State? who received the 1000,000, in 1000,000, in 1000,000, in 1000,000 THAT I	o, indicate actual value or State who purchased such services you  lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.  CNGAGES IN COLLI	ate ECTIV	YES  VE BARGAINING	
A. Did you provide services valued in excess of \$50,0  \$	outline of \$50,000 to consider your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State?  ess of \$50,000 from directly outside sets of \$50,000 from enterprises where the services (Check the largest amount \$100,000,000 or more if less that \$100,000,000 or more if less that \$100,000 or mo	your State? If no sustomers in you he value of any 1000 to public ut ucational institution your State? If less than \$5 side your State? who received the 1000,000, in 1000,000	o, indicate actual value or State who purchased such services you  lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.  CNGAGES IN COLLI	ate ECTIV	YES	
A. Did you provide services valued in excess of \$50,0 \$	outline of side your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State? Less of \$50,000 from directly outside sess of \$50,000 from enterprises where the services (Check the largest amount \$1,000,000 or more If less that this? If yes, specify date:    OR OTHER EMPLOYER GRASSOCIATION OF TITLE   INFORMATION OF TITLE   INFORMATION OF TITLE   In the services (Check the Information of the services)	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the unt) han \$100,000, in	o, indicate actual value or State who purchased such services you  lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.  CNGAGES IN COLLI	ate ECTIV	YES  VE BARGAINING	
A. Did you provide services valued in excess of \$50,0 \$  B. If you answered no to 9A, did you provide services goods valued in excess of \$50,000 from directly out provided. \$  C. If you answered no to 9A and 9B, did you provide mewspapers, health care institutions, broadcasting st If less than \$50,000, indicate amount. \$  D. Did you sell goods valued in excess of \$50,000 dire amount. \$  E. If you answered no to 9D, did you sell goods valued purchased other goods valued in excess of \$50,000 s  F. Did you purchase and receive goods valued in excess indicate amount. \$  G. Did you purchase and receive goods valued in excepoints outside your State? If less than \$50,000, in H. Gross Revenues from all sales or performance of [] \$100,000 [] \$250,000 [] \$500,000 []  I. Did you begin operations within the last 12 more 10. ARE YOU A MEMBER OF AN ASSOCIATION [] YES [] NO (If yes, name and address of 11. REPRESENTATIVE BEST QUALIFIED TO GI	outline of side your State? If no, indicate the services valued in excess of \$50,000 to conside your State? If no, indicate the services valued in excess of \$50,000 ations, commercial buildings, eductly to customers located outside the in excess of \$50,000 directly to from directly outside your State? Less of \$50,000 from directly outside sess of \$50,000 from enterprises where the services (Check the largest amount \$1,000,000 or more If less that this? If yes, specify date:    OR OTHER EMPLOYER GRASSOCIATION OF TITLE   INFORMATION OF TITLE   INFORMATION OF TITLE   In the services (Check the Information of the services)	your State? If n customers in you he value of any 000 to public ut ucational institu your State? If le customers locat If less than \$5 side your State? who received the unt) han \$100,000, in	o, indicate actual value or State who purchased such services you  lities, transit systems, tions, or retail concerns ess than \$50,000, indic ed inside your State wl 0,000, indicate amount If less than \$50,000, e goods directly from dicate amount.  CNGAGES IN COLLI	ate ECTIV	YES  VE BARGAINING	

### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

# UNITED STATES OF AMERICA BEFORE THE NATIONAL LABOR RELATIONS BOARD

RIVIAN

Charged Party	
and	Case 05-CA-298354
(b) (6), (b) (7)(C)	
Charging Party	
AFFIDAVIT OF SERVICE OF CHARGE	AGAINST EMPLOYER
I, the undersigned employee of the National La June 28, 2022, I served the above-entitled docu following persons, addressed to them at the fol	ment(s) by post-paid regular mail upon the
Rivian 2289 Dabney Rd. Richmond, VA 23220	
June 28, 2022	Brenda Schrott, Designated Agent of NLRB
Date	Name

/s/ Brenda Schrott

Signature

#### NATIONAL LABOR RELATIONS BOARD

#### NOTICE OF APPEARANCE

Rivian	
and	CASE 05-CA-298354
Individual	
X REGIONAL DIRECTOR  EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Wash ngton, DC 20570	GENERAL COUNSEL  NATIONAL LABOR RELATIONS BOARD  Wash ngton, DC 20570
THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT	IVE OF
IN THE ABOVE-CAPTIONED MATTER.	
CHECK THE APPROPRIATE BOX(ES) BELOW:	
REPRESENTATIVE IS AN ATTORNEY	
☐ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY V DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL.	ADDITION TO THOSE DESCRIBED BELOW, THIS VILL RECEIVE ONLY COPIES OF CERTAIN
(REPRESENTATIVE INFOR	MATION)
Edward V. North	
MAILING ADDRESS: Seyfarth Shaw LLP, 975 F Street, NW, Was	shington, DC 20004
E-MAIL ADDRESS: enorth@seyfarth.com	
OFFICE TELEPHONE NUMBER: 202-828-5323	
CELL PHONE NUMBER: 856-904-8187	<sub>FAX:</sub> 202-828-5393
SIGNATURE: s/ Edward V. North	
(Please sign in ink.) DATE 6/28/2022	

<sup>&</sup>lt;sup>1</sup> IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE

#### NATIONAL LABOR RELATIONS BOARD

#### NOTICE OF APPEARANCE

Rivian	
and	CASE 05-CA-298354
Individual	CASE 00-0A-290554
X REGIONAL DIRECTOR  EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Wash ngton, DC 20570	GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD Wash ngton, DC 20570
THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT EMPLOYER	IVE OF
IN THE ABOVE-CAPTIONED MATTER.	
CHECK THE APPROPRIATE BOX(ES) BELOW:	
REPRESENTATIVE IS AN ATTORNEY	
☐ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY V DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL.	ADDITION TO THOSE DESCRIBED BELOW, THIS VILL RECEIVE ONLY COPIES OF CERTAIN
(REPRESENTATIVE INFORM	MATION)
Brian Stolzenbach	
MAILING ADDRESS: Seyfarth Shaw LLP, 233 South Wacker Driv	ve, Suite 8000, Chicago, IL 60606
E-MAIL ADDRESS: bstolzenbach@seyfarth.com	
OFFICE TELEPHONE NUMBER: 312-460-5000	
CELL PHONE NUMBER:	_FAX: 312-460-7000
/s/ Brian Stolzenbach	
SIGNATURE: (Please sign in ink.) DATE 6/28/2022	_
V, MO, MVMM	

<sup>&</sup>lt;sup>1</sup> IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE



## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

BANK OF AMERICA CENTER, TOWER II 100 S. CHARLES STREET, STE 600 BALTIMORE, MD 21201

Agency Website: www.nlrb.gov Telephone: (410)962-2822 Fax: (410)962-2198

July 25, 2022

Edward V. North, Esq. Seyfarth Shaw LLP 975 F Street, N.W. Washington, DC 20004

Re: Rivian

Case 05-CA-298354

Dear Mr. North:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/Sean R. Marshall

Sean R. Marshall Regional Director

cc: Brian Stolzenbach, Esq.
Seyfarth Shaw LLP
233 S. Wacker Drive, Suite 8000
Chicago, IL 60606-6448

Rivian 2289 Dabney Road Richmond, VA 23220

(b) (6), (b) (7)(C)